

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-029282

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 33

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP		c. CITY OR TOWN PARIS	
Length of stay in 1b 1 YEAR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME		d. STREET ADDRESS (If outside, give location) EAST MONROE ST.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CORDELIA SYBIL CURTRIGHT		4. DATE OF DEATH Month JULY Day 13 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/20/1874
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 8 Days 23 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and state or country) PLATEA, PENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LUCIUS HERRICK		13b. MOTHER'S MAIDEN NAME SARAH - - - UNKNOWN	
14. NAME OF HUSBAND OR WIFE TRAVIS L. CURTRIGHT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT TRAVIS L. CURTRIGHT - PARIS, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line, and (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. after 5 years DUE TO (b) after 5 years DUE TO (c) after 5 years		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - a.m. - p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION PARIS, Mo.	
21. I attended the deceased from Jan 1963 to July 13 and last saw her alive on July 13 Death occurred at 1963 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) [Signature]	
22b. ADDRESS PARIS, Mo.		22c. DATE SIGNED 7/13/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 16, 1963	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	23d. LOCATION (City, town, or county) PARIS, Mo.
24. FUNERAL DIRECTOR E. H. AGNEW -	ADDRESS PARIS, Mo.	25. DATE RECD. BY LOCAL REG. July 14-1963	26. REGISTRAR'S SIGNATURE D. A. Barnett M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Wood

Licensed Embalmer No. 5205

P. O. Address Panama, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.